

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 18914	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing. Name Bob Brown P.O. Box, Bldg., Room No., if any Street 7944 Paxton City Tinley Park State Illinois ZIP Code + 4 60477-6548		4. Name, file number, and address of labor organization. Name Ceramic Tile and Terrazzo, Local 67 B.A.C. Labor Organization File Number 026734 P.O. Box, Building and Room Number, if any Street 6425 S. Central Avenue, Suite 108 City Chicago State Illinois ZIP Code + 4 60638-5505	
5. Position in labor organization. Trustee			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

16. Signature and Verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report is true, accurate, and complete to the best of the knowledge and belief of the signatory.

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: **CHICAGO & ASSOCIATES**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street: **TWO NORTH LASALLE**

City: **CHICAGO**

State: **IL** ZIP Code + 4: **60602**

14.a. Nature of payment.

12/6/04 - CHRISTMAS BOX OF STEAKS

14.b. Amount of payment.

50

Name of Person Filing <i>Robert Brown</i>		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).		9. Business deals with:
Name: _____		<input type="checkbox"/> a. Labor Organization
Trade Name, if any: _____		<input type="checkbox"/> b. Trust
P.O. Box, Bldg., Room No., if any: _____		<input type="checkbox"/> c. Employer
Street: _____		
City: _____		
State: _____ ZIP Code + 4: _____		
10. If 9.b. or 9.c. is checked give trust or employer's name.		
Name: _____		11.a. Nature of such dealing.
Trade Name, if any: _____		
P.O. Box, Bldg., Room No., if any: _____		
Street: _____		
City: _____		
State: _____ ZIP Code + 4: _____		
11.b. Approximate dollar value of such dealing.		
12.a. Nature of interest held or income received.		
12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name: <i>Dowd, Koch & Brown</i>		<i>CHRISTMAS CAN OF POPCORN</i>
Trade Name, if any: _____		
P.O. Box, Bldg., Room No., if any: _____		
Street: _____		
City: <i>CHICAGO</i>		
State: <i>IL</i> ZIP Code + 4: _____		
13.b. Is the Business an Employer? _____ or Consultant? <input checked="" type="checkbox"/>		14.b. Amount of payment: <i>\$ 38.00</i>